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|--|--|--------------------|------------------------|-------------|----------------|----------------------|-----------------|----------|------|---------------|--------------|---------------------|-----------------|
| <p style="text-align: center;">CHANGE OF CORRESPONDENCE ADDRESS Application</p> <p>Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Application Number</td> <td>10/635,919-Conf. #8849</td> </tr> <tr> <td>Filing Date</td> <td>August 6, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Claudius Zeiler</td> </tr> <tr> <td>Art Unit</td> <td>3775</td> </tr> <tr> <td>Examiner Name</td> <td>J. L. Swiger</td> </tr> <tr> <td>Attorney Docket No.</td> <td>A8130.0659/P659</td> </tr> </table> | Application Number | 10/635,919-Conf. #8849 | Filing Date | August 6, 2003 | First Named Inventor | Claudius Zeiler | Art Unit | 3775 | Examiner Name | J. L. Swiger | Attorney Docket No. | A8130.0659/P659 |
| Application Number | 10/635,919-Conf. #8849 | | | | | | | | | | | | |
| Filing Date | August 6, 2003 | | | | | | | | | | | | |
| First Named Inventor | Claudius Zeiler | | | | | | | | | | | | |
| Art Unit | 3775 | | | | | | | | | | | | |
| Examiner Name | J. L. Swiger | | | | | | | | | | | | |
| Attorney Docket No. | A8130.0659/P659 | | | | | | | | | | | | |

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|---|--|--|--|--|--|
| Please change the Correspondence Address for the above-identified application to: | | | | | |
| <input checked="" type="checkbox"/> The address associated with Customer Number: 24998 | | | | | |
| OR | | | | | |
| <input type="checkbox"/> Firm or Individual Name Stephen A. Soffen DICKSTEIN SHAPIRO LLP | | | | | |
| Address 1825 Eye Street, NW | | | | | |
| City Washington | | State DC | | Zip 20006-5403 | |
| Country US | | | | | |
| Telephone (202) 420-2200 | | | | Email | |
| <p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).</p> <p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor</p> <p><input type="checkbox"/> Assignee of record of the entire interest.</p> <p style="margin-left: 20px;">Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> Attorney or agent of record. Registration Number 31,063</p> <p><input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number </p> | | | | | |
| Signature | | | | | |
| Typed or Printed Name Stephen A. Soffen | | | | | |
| Date August 10, 2009 | | | | Telephone (202) 420-4879 | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below". | | | | | |
| <input type="checkbox"/> *Total of 1 forms are submitted. | | | | | |